Training Assessment Survey

This is a training survey to assist us in prioritizing types of training and training topics. Please take time to complete the following survey and send back to: via (email, mail, etc.) ...

| (Cinari, man, etc.) | | | |
|---------------------|---|--|--|
| 1. | | are the skills you need to better do your job? What specific skills do you o learn more about? | |
| 2. | What | training topics are most needed in your <i>community</i> from your perspective? | |
| 3. | What | training topics are most needed in your <i>agency</i> from your perspective? | |
| 4. | | nce you have been to a training, what types of support would be helpful to you you practice your new skill or task? | |
| | | One on one coaching and teaching Practice new skill in groups Supervisory support and assistance while learning CFT review and feedback Checklists as guidance | |
| 5. | What training or support would make your job easier for you? Feel free to elaborate on any of the options listed above or suggest new supports. | | |
| 5. | Are you interested in participating on a training committee that will develop, coordinate and implement training plans in your community? If so, please list your name and contact information below: | | |
| 7. | • | Are you interested in becoming a trainer within your community on a certain topic or topics? If so, please list your name and contact information below: | |